STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 8 2019

PLEASE PRINT

NEW HAMISHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Michael P.	Don	nelly				O. O.A.
II. Name of lobbyist's p	artnership, firm	or co	rporation, if any	y:			
Home School Leg	jal Defense As	soci	ation (HSLDA)			
	of partnership, firm			•			
P.O. Box 3000,	Purcellville,	VA	20132				
Business Address: (Stree	t)		(Town/City)		(State)	(Zip Code)	
(540) 338-5699 (Telephone)	()		e- m	ail <u>mike@l</u>	hslda.org	
(Telephone)			(Fax)		<u> </u>		
III. This statement covereportable expense train	isactions which a	re no	ot attributable to	any one clien	t).		port for
All reportable transaction	ctions occurring in	the i	months prior to th	ne reporting dat	e relative to	the following client:	
Home School L				<u> </u>			
	Full Name of Client	as it	appears on the Lob	byist Registratio	n Form)	·	
OR All reportable transac unrelated to any particular		rist (i	ncluding the lobb	yist's family),	or the lobbyi	ng firm listed below v	vhich are
Reports cover: octivity	April 24, 2019 from date of registe October 30, 2019 tivity from 7/1/19 to	ration		activity from 4	29, 2020]	
V. There have been n If this box is checked, co Concord, NH 03301.	o fees received mplete just this fo	and	no reportable (ad submit it to the	transactions Secretary of S	made since late's Office,		₽ 04,
VI. Check if additional If you have received	fees or made exp	endit	ures, you must fil				
If you have paid an Expense Reimbursement		nburs	se <u>d expen</u> ses, you	i must lile A qu	enoum 15– r	ceport of rionorariums	5 or
If you, your firm, or		nade	political contribu	tions, you mus	file Addend	dum C– Political Con	tributions
Sworn Statement/Affir I have read RSA 15, RS. and implement to thombes (Signature of lobbyist)	A 15-B, RSA 14-C	rist C and	RSA 664 and her	reby swear or a	affirm that the	e foregoing information	on is true
Michael P. Donne (Print Name of lobbyist							